



# **STATE OF INDIANA**

## **Request for Services 6-93**

### **Addendum 1**

**6/23/06**

#### **INDIANA DEPARTMENT OF ADMINISTRATION**

##### **On Behalf Of**

#### **INDIANA FAMILY AND SOCIAL SERVICES ADMINISTRATION**

#### **Solicitation For: A Comprehensive Claims System Compliance Review**

**Response Due Date: July 12, 2006**

Jessica Robertson, Senior Account Manager  
Indiana Department of Administration  
Procurement Division  
402 W. Washington St., Room W468  
Indianapolis, Indiana 46204

The State will not determine if your firm (prime or sub-contractor) is conflicted. Please use the CPA guidelines to determine if your firm is conflicted from performing the work in RFS 6-93.

Please note that Section 1.14 is now amended to read:

#### 1.14 TYPE AND TERM OF CONTRACT

The State intends to sign a contract with one Respondent(s) **who is a certified CPA firm** to fulfill the requirements in this RFS.

The term of the contract shall be for a period of 1 year from the date of contract execution. There may be 1 one year renewals for a total of four (4) years at the State's option.